

The Commonwealth of Alassachusetts (For Office Use Only) (For Office Use Only) 3 0 2020

Election Commission

- TOP									
NAME OF CITY	/TOWN:Springfield			_ WARD (if app	licable): <u>Cit</u>	y Committee			
PARTY:	Democratic			DATE OF RE	PORT: Api	ril 28, 2020			
INDICATE THE PURPOSE OF THIS REPORT BY CHECKING THE APPROPRIATE BOX BELOW: ☐ STATEMENT OF ORGANIZATION ☐ CHANGE OF OFFICER(S) ☐ MEMBERSHIP UPDATE									
Submit this report to the four offices listed below. File the original with the Office of Campaign and Political Finance, and file copies of this report with the other three offices listed.									
			2. Secretary of the Commonwealth, William Francis Galvin Elections Division One Ashburton Place, Room 1705 Boston, MA 02108 (617) 727-2828 / (800) 462-VOTE (toll free in MA) elections@sec.state.ma.us / http://www.sec.state.ma.us/ele/eleidx.htm						
	Committee Headquarters			•		ion Commission		(Ch 52 Sug 5)	
City Ward Committee secretaries must also file a list of officers and members with the chairman of the city committee of the political party which it represents (Ch. 52, Sec. 5).									
PLEASE LIST E	BELOW THE NAME, RES	SIDENTL	AL ADDRESS A	ND ZIP CODE O	F THE OF	FICERS OF THIS	СОМ	MITTEE:	
Chairperson:	Jesse L. Lederman			Secretary:		tterfield-Eillott			
Residential Address:	129 Spruceland Avenue			Residential Address:	163 Bowdo	in Street			
City / State / Zip:	Springfield	MA	01108	City / State / Zip:	Springfield		MA	01109	
Email: Lederman	L@gmall.com	Phone #:	413-285-3041	Email: camille_ell	iott@aol.co	rn Phor	1e#:	413-695-2481	
Treasurer*:	Geoffrey F.X. O'Connell					as treasurer of any politi			
Residential Address:	2 Veterans Way			M.G.L. c. 55, s. 13 states that a person who is employed for compensation by the Commonwealth or any county, city or town (other than an elected official) may not directly or indirectly solicit or receive political contributions. Such persons may not serve as treasurers of any political committee. If you are unsure of your status, please contact OCPF for further guidance.					
City / State / Zip:	Springfield	MA	01108						
Email: gfxoconne	ll@gmall.com	Phone #:	610-295-3126						
I hereby submit this list of officers and members (including associate members) of the above-mentioned committee to the Secretary of the Commonwealth in accordance with Ch. 52, Sec. 5 of the Massachusetts General Laws. Carrollo Butterful Charles Charles Date:									
that: 1) I am subje and records of all become an appoin	e office of Treasurer of the about to certain duties and liabiliticampaign finance activity for a ted public employee, I must re THE PENALTIES OF PERJU	ies under M a period of sign and no	six years from the	ang me timely mini- date of the relevant				this office I	

LIST OTHER OFFICER'S & MEMBER'S NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES ON THE REVERSE

IST OTHER OFFICER'S NAMES, TITLES, RESIDENTIAL ADDRES	SSES AND ZIP CODES BELOW:					
Other Officer/Title: Female Vice Chair - Shanique Spaiding	Other Officer/Title: Male vice Chair Treatment of the Chair Treatmen					
Residential Address: 48 Benton Street	Residential Address: 69 East Alvord Street					
City / State / Zip: Springfield MA 01109	City / State / Zip: Springfield MA 01108					
Other Officer/Title: Outreach Director - Linda Matys-O'Conneil	Other Officer/Title:					
Residential Address: 2 Veterans Way	Residential Address:					
City / State / Zip: Springfield MA 01108	City / State / Zip:					
MEMBERS:						
Member:	Member:					
Residential Address:	Residential Address:					
City / State / Zip:	City / State / Zip:					
Member:	Member:					
Residential Address:	Residential Address:					
City / State / Zip:	City / State / Zip:					
Member:	Member:					
Residential Address:	Residential Address:					
City / State / Zip:	City / State / Zip:					
Member;	Member:					
Residential Address:	Residential Address:					
City / State / Zip:	City / State / Zip:					
Member:	Member:					
Residential Address:	Residential Address:					
City / State / Zip:	City / State / Zip:					
Member:	Member:					
Residential Address:	Residential Address:					
City / State / Zip:	City / State / Zip:					
Member:	Member:					
Residential Address:	Residential Address:					
City / State / Zip:	City / State / Zip:					
ASSOCIATE MEMBERS:						
Associate Member:	Associate Member:					
Residential Address:	Residential Address:					
City / State / Zip:	City / State / Zip:					
Associate Member:	Associate Member:					
Residential Address:	Residential Address:					
City / State / Zip:	City / State / Zip:					
Associate Member:	Associate Member:					
Residential Address:	Residential Address:					
City / State / Zip:	City / State / Zip:					
	it other officers members and associate members.)					



Signature

MASSACHUSETTS TOWN CLERKS' ASSOCIATION

CERTIFICATION PROGRAM APPLICATION FOR EXAMINATION

Checklist for applicants:								
Review Examination Information – Guidelines & Requirements Check deadline for applications. Fill in all information requested below. Include proof of when you became Town Clerk (to show you have been clerk for at least 3 years) Enclose non-refundable fee of \$50.00 payable to the MA Town Clerks' Association Six MTCA Education Classes completed (Note: documentation of courses will be requested for the applicant by the test administrator)								
Mail completed application to: Barbar 50 Pa		CA Certification Administrator npton, MA 01027						
Name: Oyola - Lopez	Gladys							
Last	First	Middle						
Title: Deputy City Clerk - Election Commissioner Municipality: Springfield								
Mailing Address: 36 Court Street, Room 8								
Springfield, MA 011	03							
Phone – Work # (413) 787-6189	Home # <u>(413</u>) 218-4204						
E-mail Address: goyola@springfieldcityhall.com								
I have been a Town Clerk since		and a member of the						
Massachusetts Town Clerks' Association since								
I am applying for the January e	xamination X	_ July examination						
I have read and understand the informat Guidelines and Requirements.	ion contained in th	e Examination Information –						
	Ma	v 1. 2020						

Date